

CUSTODY RECEIPT

____ (Name of Youth) has been given permission to leave ____ (Name of Facility) whose address is ____ (Address of Facility) to go on furlough. While on furlough he will be located at ____ (Address, City) _____, Louisiana. He/she may leave on ____ (Type of Furlough) at the following date and time:

Furlough is to begin on: ____ (Date) at ____ (Time).

Furlough is end promptly on: ____ (Date) at ____ (Time).

Signed: _____
Director, _____ Center for Youth

Date: _____

FURLOUGH CUSTODIAN RECEIPT

This is to certify that ____ (Name of Youth) was delivered into the care and custody of ____ (Furlough/Transport Custodian), ____ (Relationship to Youth), for the purpose of a ____ (Type of Furlough) to begin on ____ (Date) at ____ (Time) and to end on ____ (Date) at ____ (Time).

In accordance with the rules and policies of Youth Services, I am accepting responsibility for the said youth and assume all responsibility for his/her safety and well being while on furlough, as well as his/her return to the facility on the above designated date and time. I understand that if I do not return the youth to the facility on the above mentioned date and time, I may be subjecting myself and the youth to criminal charges.

Furlough/Transport Custodian: _____
(signature)

Date: _____

Custodian Address: _____

Custodian Phone Number: _____

Emergency Contact: _____

Transportation used to transport youth to and from facility:

Vehicle Make	Model	Year	Color	License #

Witness: _____

Date: _____